

Credential Application

Remit to: State of Wisconsin **Department of Commerce-Credentialing** P.O. Box 78780 Milwaukee WI 53293-0780

Phone (608) 261-8500 TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU:

- Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- Attach the specified fee; and
- Attach documents if specified on this application.

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. Be certain to sign and date the application. The applicant's social security number is mandatory information. Make a photocopy of the completed application for your records.

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

Applicant's Signature	Date (mo/day/yr)
Applicant Information	
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

POWTS INSPECTOR CERTIFICATION

Reason for Credential: A person who holds a credential issued by the department as a certified POWTS inspector may inspect private onsite wastewater treatment systems, POWTS, for the purpose of administering and enforcing the provisions of chs. Comm 82 to 87, as an authorized representative of the department or a local governmental unit.

Requirements of Credential: A person who inspects private onsite wastewater treatment systems as a certified POWTS inspector

- Maintain a record of the inspections made including the dates and the findings of the inspections;
- Provide a copy of the inspection record to the private onsite wastewater treatment system owner or his or her agent; and
- Make available to the department upon request inspection records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the



APPLYING FOR POWTS INSPECTOR CERTIFICATION

A person may obtain a credential as a certified POWTS inspector by either one of the following:

Method 1 Taking and passing the POWTS inspector certification examination.

Method 2 Submitting evidence of holding a current certification as a:

Master or Journeyman Plumber

Master or Journeyman Plumber Restricted Service

Apply for the credential by following the instructions for either method 1 or method 2.

METHOD 1 - Examination

Application and Exam Fee (nonrefundable): \$30.00 class code 7630

Make checks payable to: Department of Commerce. The fee consists of a \$10 application fee and an exam fee of \$20. When the exam is passed, the applicant will be asked to pay a \$30 credential fee which will be prorated because the credential expires on a specific date. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from June 30th. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Examination: In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover Chapter 145, Wisconsin Statutes; and chapters Comm 5 and Comm 82-87, Wisconsin Administrative Cod. The exam is open code book.

Copies of current Wisconsin Administrative Code and Chapter 145 may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253.

You will need to have a working knowledge of the component manuals for the various POWTS. You will need to bring these to the exam site. These can also be purchased through Document Sales @ (608) 266-3358 or @ (800) 362-7253. The publication titles and numbers are as follows:

Form #	Document Title
SBD-10571-P	Holding Tank
SBD-10567-P	Conventional Soil Absorption
SBD-10573-P	Pressure Distribution
SBD-10572-P	Mound
SBD-10570-P	At-Grade
SBD-10656-P	Split Bed Recirculating Sand Filter System
SBD-10595-P	Single Pass Sand Filter
SBD-10628-P	Recirculating Sand Filter
SBD-10657-P	Drip-Line Effluent Dispersal
SBD-10705-P	In-Ground Soil Absorption
SBD-10691-P	Mound
SBD-10706-P	Pressure Distribution

Additional training materials relating to this credential are available and may also be ordered through Document Sales @ (608) 266-3358 or @ (800) 362-7253. They are intended to be training guides and may not match the current code.

SBD-8536-P	Cross Connection Control Manual
SBD-8869-P	Drain and Vent System Design
SBD-8036-P	Sizing the Water Supply System
SBD-9138-P	Wisconsin Water Treatment Handbook
SBD-10089-P	Wisconsin POWTS Inspector Handbook
SBD-9046-P	Soil & Site Evaluation Handbook

To schedule an exam:

August 15

October 10

• In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date. The department will attempt to call and offer exams at available sites or dates.

October 18

• Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen.** Note you may wish to keep a copy of this letter for your records.

Exam Name:		This is a 3-hour exam ar	he p.m.	
	ocation of your ch ation, circle the day		take the exam.	
	2006 Exam Schedule-Sc	oil Testers at Every Site		
GREEN BAY Howard Johnson Inn 2580 S Ashland Ave 920-499-5121	BLACK RIVER FALLS Holiday Inn Express Hotel W10170 Hwy 54 E 715-284-0888	PEWAUKEE Waukesha County Technical College WCTC 800 Main St 262-695-3474	HAYWARD Hayward Inn & Suites 10290 Hwy 27 S (715) 634-4100	

August 1

October 3

November 7
December 5

September 13

Day phone number:

September 19

November 14

	2007 Exa	am Schedule-Soil Tester	s at Every Site	
GREEN BAY Regency Suites Hotel 333 Main St 920-432-4555 Wednesdays	MADISON Radisson Hotel 517 Grand Canyon Dr. 608-833-0100 Tuesdays	BLACK RIVER FALLS Holiday Inn Express Hotel W10170 Hwy 54 E 715-284-0888 Wednesdays	PEWAUKEE Waukesha County Technical College WCTC 800 Main St 262-695-3474 Wednesdays	HAYWARD Hayward Inn & Suites 10290 Hwy 27 S 715-634-4100 Wednesdays
		January 10	January 17	
February 21		February 7	February 14	
		March 7	March 14	
April 11	April 24	April 4		April 18
		May 9	May 16	
June 6		June 13	June 20	
		July 11	July 18	
August 8	August 21	August 15		
		September 12	September 19	
October 3		October 10	October 17	October 24
		November 7	November 14	
	December 11			

A letter confirming the exact date, time and location will be sent to you.

Day phone number:

The fee for applying for the credential using method 2 is as specified in the following table:

Month Application is mailed	Fee	Month Application is mailed	Fee	Month Application is mailed	Fee
January	\$36.25	May	\$33.75	September	\$38.75
February	\$35.63	June	\$33.13	October	\$38.13
March	\$35.00	July	\$40.00	November	\$37.50
April	\$34.38	August	\$39.38	December	\$36.88

Record the amount of the fee you will be sending in the box below:

Fee Submitted (nonrefundable):	\$	class code 7630	
Make checks payable to: Department of Commerc	e. The credential will be ef	fective for 4 years from June 30 th . Office location: 201 V	N

Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

ATTACH to this form a copy of current certification as a:

Master or Journeyman Plumber Master or Journeyman Plumber Restricted Service

Education Hours Required to Renew: The renewal of a credential as a certified POWTS inspector which expires after June 30, 2006, shall be contingent upon the person obtaining at least 12 hours of acceptable continuing education by March 30th of the year the credential expires. People unable to attend lectures or seminars may obtain the necessary hours through correspondence courses. Correspondence courses must also be completed at least three months prior to the expiration date. A person who holds a credential as a certified POWTS inspector may apply to the department for waiver of the continuing education requirements on the grounds of prolonged illness or disability or similar circumstances. Each application for waiver shall be considered individually on its merits by the department.

The Wisconsin Construction Codes Report may contain advertisements for courses, lectures or seminars which will count towards continuing education for a POWTS inspector certification. The WCCR is available by subscription or on the Commerce website at: http://www.commerce.state.wi.us/SB/SB-DivPublications.html.